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ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE EIDST NAMED INVENTOR 4152-1-PHS-5 10/774 149 02/05/2004 George N. Cox III 7103 TITLE OF INVENTION: TERMINI CYSTEINE-ADDED VARIANTS OF GRANULOCYTE COLONY STIMULATING FACTOR

APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE YES \$700 \$300 \$0 \$1000 05/23/2007 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS STOICA, ELLY GERALD 1647 530-351000 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). 2. For printing on the patent front page, list SHERIDAN ROSS P.C. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

BOLDER BIOTECHNOLOGY, INC. LOUISVILLE CO Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🖵 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 1ssue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies overpayment, to Deposit Account Number___ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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